

Civil Action No. 3:22-cv-0191

KANAUTICA ZAYRE-BROWN, )

)

Plaintiff, )

)

$$V_{\bullet} \quad )$$

)

THE NORTH CAROLINA )

)

DEPARTMENT OF PUBLIC )

SAFETY, et al., )

)

Defendants. )

)

DEPOSITION OF TERRI CATLETT

(Taken by plaintiff.)

Raleigh, North Carolina

May 18, 2023, 8:59 a.m.

Reported By:

SUSAN GALLAGHER, CA CSR, CVR-CM

CONTAINS GENERAL CONFIDENTIAL INFORMATION

1           A   I don't want to speculate, but I would think  
2           that that would have been information Dr. Peiper  
3           shared.

4           Q   So your role of scheduling appointments for  
5           incarcerated people, how do you decide how urgent they  
6           need an appointment?

7           A   Well, the provider would indicate that, whether  
8           it's urgent, routine, rush.

9           Q   Okay. And after they indicate that to you,  
10          help do you go about, I guess, organizing those  
11          logistics?

12          A   So someone in medical records would call. I  
13          would have the staff at medical records at the local  
14          facility call and make that appointment, and they would  
15          at that point, based on availability of officers and  
16          whatnot, you know, they would make that appointment,  
17          and then they would -- again, as I stated before,  
18          there's a process.

19          They initiate the appointment, and then they  
20          initiate the paperwork, and then custody at that point  
21          is informed as to, we have a trip. How many officers  
22          need to go? Maybe two officers, maybe four officers,  
23          maybe six officers depending on security level of the  
24          offender. So it's done locally.

25          Q   If there's multiple people that have

1 appointments, how do you go about organizing the order  
2 of these people getting to their appointments?

3 A Again, it's based on the clinical provider. If  
4 it's urgent, if it's routine, and again, you've got to  
5 remember during this time UNC wasn't seeing our  
6 patients. So telehealth was the primary means of  
7 medical care, specialty medical care. Primary care is  
8 done at the facility, Specialty care through UNC, and  
9 telehealth was the primary means of care during this  
10 whole entire time.

11 Q Once someone indicates that an appointment's  
12 either urgent, routine, whatever classification they  
13 give it, are you required to report that to anyone?

14 A No.

15 Q Are there ever times where there's delays in  
16 getting people to their appointments?

17 A Again, during this particular time period, from  
18 March of 2020 until even now, the primary means of  
19 providing care is through telehealth. We are dependent  
20 upon the availability of the providers at the local  
21 level, at the local UNC, Blue Ridge, Vidant, wherever  
22 they are, to give us appointments.

23 So we can call and ask for the first available  
24 appointment, which is routinely what we do, but it may  
25 not be until three months or six months or nine months

1 until we get to the appointment.

2 Q Have you ever had an appointment and then on  
3 your end had to reschedule?

4 A For security reasons that happened from time to  
5 time. If the facility is locked down for security  
6 reasons, nobody moves. So it's rare, but from time to  
7 time there is a cancellation based on the operation of  
8 the facility. It isn't based on anything clinical or  
9 anything I have control over. It's clearly a security  
10 issue.

11 Q Okay. And once you're notified that an  
12 appointment has to be canceled for a lockdown, how  
13 quickly do you try to reschedule that --

14 A That very day. We call and see when can we get  
15 the next appointment. There's been a -- whether it's a  
16 security breach or an escape or whatever has happened,  
17 we call -- we call the provider's office and let them  
18 know that the inmate won't to be coming to the  
19 appointment for whatever security reason. Can they  
20 please provide us the next appointment.

21 Q Outside of security reasons, would there be any  
22 other possible reasons why an appointment would have to  
23 be canceled?

24 MR. RODRIGUEZ: Object to speculation.

25 You can answer.

1 my emails every day, but if I'm out of the country,  
2 like I was this week, I don't have access to email.

3 Q Okay. On the last exhibit with the email we  
4 just discussed, did you take any other further action  
5 regarding this email?

6 MR. RODRIGUEZ: Asked and answered.

7 You can answer.

8 THE WITNESS: I don't recall.

9 BY MS. DELGADO:

10 Q And did you ever follow up with Dr. Hahn to see  
11 if she received this email?

12 A Actually, Dr. Hahn and I had a conversation.

13 Q Can you tell me about that conversation?

14 A She called me.

15 Q And what was that?

16 A She was wanting to know when the date of the  
17 appointment for Ms. Kanautica Brown.

18 Q Okay. And were you able to give her that date?

19 A No. I had to check the telehealth schedule. I  
20 told her I'd get back with her.

21 Q Did you raise your concerns about what you read  
22 in that email?

23 A Dr. Hahn expressed to me what Kanautica was  
24 doing and that she was onsite and was managing her  
25 care, but she wanted to know when the appointment was

1 scheduled, and I didn't have access to the telehealth  
2 schedule at the time. I told her I would get back with  
3 her.

4 Q Did you get back with her?

5 A I got back with the facility to let them know  
6 so they could schedule it. Dr. Hahn isn't at the  
7 facility every day. So when I had access to the  
8 scheduler, I made sure that Kanautica had the first  
9 available appointment, even though I had to move other  
10 people around, and then I notified the facility.

11 Q Okay. All right. Moving on to the next  
12 document that I would like to be marked as Exhibit 11.

13 (Exhibit 11 marked for identification.)

14 BY MS. DELGADO:

15 Q Ms. Catlett, if you'll let me know when you're  
16 ready.

17 A I'm ready.

18 Q Okay. Do you recognize this?

19 A Yeah, I'm familiar with the discussion.

20 Q What was this discussion about?

21 A Ms. Brown's distrust or concerned that she had  
22 to speak to somebody right away at UNC, and they were  
23 just trying to find out when the appointment has been  
24 made, and as you can see by the email chain, I don't  
25 make the appointments. I call. I call. I call, and I

1 wait for UNC to respond, and at the end, the facility  
2 said no.

3 But this was, again, in the midst of lockdown  
4 COVID, and they weren't seeing patients, not only in  
5 the community, but certainly not our offender  
6 population. So many specialities said, "Don't send any  
7 of your inmates to us at all." I had to be diligent in  
8 calling, calling, calling to get appointments. I  
9 didn't always get them every time I called.

10 So this was just kind of like "Hey, Ms. Catlett  
11 is going to follow up," which I did. "She'll let us  
12 know as soon as the appointment," et cetera. So that's  
13 kind of what it is. You can see that I called. I  
14 haven't received confirmation. I called again. I  
15 didn't get confirmation, and Kanautica was being -- was  
16 impatient with all that.

17 Q You said that "Kanautica was impatient with all  
18 that." How did you determine that?

19 A Well, it appears that she -- based on what the  
20 psychologist wrote, that she was experiencing dysphoria  
21 because of the length of time that had passed.

22 Q Which psychologist said that?

23 A Shannon Lutz (phonetic) lots. She was a  
24 psychological services coordinator.

25 Q So you said that she said that Ms. Kanautica

1 Zayre-Brown was experiencing dysphoria because of the  
2 length of time?

3 A Yes.

4 Q And you understood that to mean she was  
5 impatient?

6 A No. Just inmates want an appointment the next  
7 day. If they don't get it, they get very impatient.  
8 It appears that she was experiencing dysphoria.

9 Q Drawing your attention to page 2 under Shannon  
10 Lutz's response, if you count six lines up from the  
11 bottom, there is a sentence that starts with "from an  
12 emotional health."

13 A Uh-huh.

14 Q Okay. I'm going to read that.

15 "From an emotional health standpoint, it does  
16 appear that Ms. Brown continues to experience acute  
17 dysphoria secondary to the length of time that has  
18 passed, which has yet to resolve medically necessary  
19 treatment."

20 Was that the sentence you were referring to  
21 when you mentioned length of time?

22 A No. I was referring to, she provided this --  
23 the first two or three sentences. That's what I was  
24 referring to. "She expressed strong distrust in the  
25 accuracy of information in referencing upcoming



1           You can answer.

2           THE WITNESS: I think it would be certainly a  
3 training for all staff.

4 BY MS. DELGADO:

5           Q All right. We'll move onto the next exhibit --  
6 All right. Drawing your attention to page 3, Ms.  
7 Catlett, there is an email in the center of the page  
8 that's from Joy Baugham. Who is that?

9           A She is the admin support for the telehealth  
10 department.

11          Q Okay. And what date did she send this email to  
12 you?

13          A June 21, 2021.

14          Q And it says, "There is a UR" or urology  
15 "consult with Dr. Figler, Re: Vaginoplasty approved  
16 8/4/20, Authorization No. 001710079."

17               Did I read that correctly?

18          A You did.

19          Q Okay. Does this refresh your recollection  
20 regarding how long Mrs. Zayre-Brown had been waiting  
21 for a consult?

22          A Well, she was waiting for multiple consults, so  
23 this was just one of them apparently.

24          Q And it appears that -- well, this urology  
25 consult was approved on 8/4/20; is that correct?

1 A Right, that's correct.

2 Q And the date of this email is June 21, 2021; is  
3 that correct?

4 A That's correct.

5 Q What was the reasoning for such a long gap in  
6 time?

7 A You have to remember this is in the heat of  
8 COVID. We weren't sending anyone out of the facility,  
9 anyone, unless it was life-threatening. UNC didn't  
10 want to see any of our patients at all, period. So  
11 this was -- all of their staff were doing hands-on work  
12 on the floor.

13 So none of the patient's went out unless it was  
14 life-threatening. Telehealth was launched around the  
15 same time, and we were able -- the only way we were  
16 able to get specialty services done is through the  
17 process of telehealth. It wasn't until just last year  
18 that routine appointments started going out of the  
19 facility for appointments.

20 And it wasn't anything to do with DPS. It had  
21 to do with the fact that the providers were not seeing  
22 patients in their offices because of this "all hands on  
23 deck" at UNC, and the providers were working shifts  
24 taking care of COVID patients. So if there was a  
25 delay, it was because anything that -- it had nothing

1 to do with DPS. It had everything to do with --  
2 patients were not being seen in the hospital because  
3 COVID was -- there was no vaccine at this point.  
4 Patients were dying, and all the doctors were focused  
5 on taking care of the dying patients.

6 MS. DELGADO: If I could have a moment.

7 (Recess.)

8 BY MS. DELGADO:

9 Q Ms. Catlett, we are actually going to go back  
10 to the most recent exhibit, No. 12. Okay. Still on  
11 the page of the symptoms I recently read, there is a UR  
12 urology, that page. Are you there?

13 A Uh-huh.

14 Q Okay. When we were discussing this email, you  
15 stated that this was during the height of COVID; is  
16 that correct?

17 A Yes.

18 Q And that there were no vaccines out during this  
19 time; is that correct?

20 A I did say that, yes.

21 Q Now that we've taken a break, do you still,  
22 like, keep the same sentiment, that there were no  
23 vaccines during that time of June 2021?

24 A I don't recall when the first vaccine became  
25 available.

1 Q Okay. You also mentioned that there were no --  
2 you guys were not letting anyone in and out for  
3 appointments outside of the prison; is that correct?

4 A Typically. Unless it was life-threatening,  
5 patients typically did not go out into the community  
6 for care. Specialty care was managed primarily through  
7 the telehealth process.

8 Q You say "life-threatening," back to Exhibit 10,  
9 if you can pull that out, and if you go to page 2 and  
10 line 4 at the end that starts at the last sentence, "As  
11 a direct result of the continued denial of care, her  
12 family, including myself, has had to be in receipt of  
13 the voicing desires to commit suicide and engage in  
14 self mutilation."

15 Does that not sound like life-threatening to  
16 you?

17 MR. RODRIGUEZ: I'm going to object to the  
18 vagueness and form.

19 You can answer.

20 THE WITNESS: Again, I wasn't onsite with Ms. Brown  
21 during this particular time so I wouldn't have been --  
22 I'm not the clinician. I wouldn't be able to determine  
23 if it was life-threatening or not. I think a  
24 life-threatening situation would be, from a medical  
25 perspective, say a cardiac arrest or difficulty